ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
	CASE NUMBER:
ORDER RENEWING RESTRAINING ORDE	ER
(Elder or Dependent Adult Abuse) (CLET)
ODDE	<u> </u>
ORDER	
 The court has considered the application to renew the Restr (restraining order) issued in this proceeding on (date): 	aining Order After Hearing (Elder of Dependent Adult Abuse)
2. A copy of the restraining order is attached.	
3. The court renews the restraining order (check one):	
a. for three years from the date of issuance of this or	dor
· · · · · · · · · · · · · · · · · · ·	Jei.
b. permanently.	
c other (specify):	
4. A copy of this order renewing the restraining order and any proof of service must be given to the law enforcement agencies listed below by the following means:	
a The protected person must deliver them.	
b The protected person's attorney must deliver then	1.
c. The clerk of the court must mail them.	
Law Enforcement Agency	<u>Address</u>
Date:	
	(JUDICIAL OFFICER)